

11 CV. 4950

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKIvan Nicholovich Konstantinovich,
BA degree in Sociology, C.S.C. 1964
MS.C. (Masters in Economics) VCU. 1982.

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

-against-

- clerk deputy clerk
- (1) Yvonne G. Smith & (2) Tris Jordan
Henrico County General District Court (Be
Richmond, VA. 23211.
- (2) Dept. of Health, Statistics & Vital Records
NEW YORK, N.Y. 10007 re: N.Y.P.D. OPE POLICE PL2.
- (3) NEW YORK STATE DEPT. OF MOTOR VEHICLES (DMV) California
- (4) New York - N.Y. Port Authority Rail & Bus Terminals.
- (5) U.S. Department of State & (6) OFFICE OF HOMELAND SECURITY.
- (6) Governor Chris Christie's Secretary Bill Bradley
- (7) Gov. (Flower) H.E. Greer re: Christy Whitman

Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

- (8) Dept. of Immigration Naturalization
Philadelphia, PA & San Diego, CA.

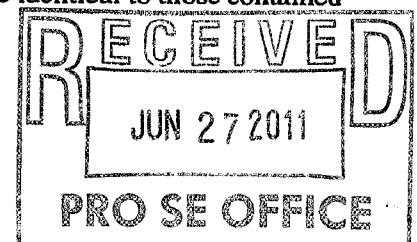
I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Ivan Nicholovich Konstantinovich,
Street Address 142 So. Tennessee Ave. Ste 17
County, City Atlantic City
State & Zip Code New Jersey 08401
Telephone Number (609) 344-7117 (609) 344-8965

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.



Defendant No. 1

CLERK OF COURT
 Name Yvonne G. Smith & Iris Jordan
 Street Address 101 Hopwood Street (Corner Court House Bldg)
 County, City Richmond, VA.
 State & Zip Code 23274
 Telephone Number _____

Defendant No. 2

CLERK (3) Supv. Dept. of Film, Statistics & Vital Records
 Name CLERK (3) Supv. Dept. of Film, Statistics & Vital Records
 Street Address 125 W 11th Street
 County, City New York, N.Y.
 State & Zip Code 10007
 Telephone Number NEW YORK POLICE DEPT. ONE POLICE PLAZA NEW YORK, N.Y. 10007

Defendant No. 3

NEW YORK, DEPT. OF MOTOR VEHICLES
 Name STATE OF NEW YORK, DEPT. OF MOTOR VEHICLES
 Street Address 50 Canal Street
 County, City New York, N.Y.
 State & Zip Code _____
 Telephone Number NEW YORK, N.Y. 10007

Defendant No. 4

NEW YORK, DEPT. OF STATE OFFICE OF HOMELAND SECURITY
 Name NEW YORK, New Jersey Port Authority
 Street Address Grand Central Station
 County, City NEW YORK
 State & Zip Code N.Y. 10015
 Telephone Number _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☐ Federal Questions☒ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? _____

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Defendants
 Defendant(s) state(s) of citizenship Guadaluza Rice, Hilary Rodham Clinton
 Defendant(s) state(s) of citizenship Chris Christy, Sen. Bill Bradley
Gov. McGreevey (State of N.J.) re: Christy Whitman
(former N.J.)
Tina Nicholas / Konstantinovich

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. Where did the events giving rise to your claim(s) occur? Within the Continental
U.S.A. re: N.Y., N.Y., D.C., Pennsylvania, Washington DC, Virginia,
Illinois, Missouri, Louisiana, Arizona, Washington, California...
- B. What date and approximate time did the events giving rise to your claim(s) occur? Initially from the late 60's to Present...

- C. Facts: Earlier correspondence I sent onto you a
RELEASE OF MEDICAL RECORDS
that I received from UNITY HEALTH CARE, 425 2nd Street,
N.W. Washington, DC 20001, (202) 508-0500.
FAX: (202) 508-0525...

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

These matters of course as you have READ & can Sabatise from
all other correspondence / material / Copies, as to ALL INVOLVED,
re: TRIAL HEARING BY JUDGE & JURY...
Witnesses should be called in the Order(s) Necessary
by the PLAINTIFF(S) Representatives (ATTY).

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

RE: See above 'RELEASE OF MEDICAL RECORDS'
UNITY HEALTH CARE
425 2nd Street N.W.
Washington DC 20001
(202) 508-0500 FAX (202) 508-0525...

Edward Nicholas Constantinovich,

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

\$ 90 Million

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 24 day of JUNE, 2011.

Signature of Plaintiff

Mailing Address

Telephone Number

Fax Number (if you have one)

Toma Nikolovich Konstantinovich
14250 Tennessee Ave.
(Ste. 17)
Atlantic City, N.J. 08401
(609) 344-7117, (609) 344-8965

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20____, I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff

Inmate Number

JUNE 24, 2011

RECEIVED
SDNY PRO SE OFFICE
2011 JUN 27 PM 4:08

PRO SE OFFICE
UNITED STATES DISTRICT COURT
Southern District of New York
Daniel Patrick Moynihan U.S. Courthouse
500 Pearl Street ROOM 230
NEW YORK, N.Y. 10007

ATT: Ruby J. Krajick,
CLERK OF COURT,

ABLE
SEE ACCOMPANYING
HERE WITH MY COM-
PLAINT FORM
IN ITS ENTIRETY

Just as in my correspondence
of just yesterday JUNE 23, 2011, regards
an earlier matter pertaining to

Ivan Nikolovich Konstantinovich
062-323983A
H.D.

my In Forma Pauperis (Appli-
cation Fee) and whereby I in-
cluded a Western Union M.O.
in the amount of \$ 100.00, so

here to, I will be sending unto you
shortly, to include towards this

In Forma Pauperis (Application
Fee) \$ 350.00

142 So. Tennessee,
(Suite 17)
ATLantic City, N.J.
08401
(609) 344-7117
(609) 344-8965

Yours truly
Wladimir K. Kishinovich
062-32-3983A
LTD.